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**LONG-TERM CARE SUPPORTS AND SERVICES**  
**ADVISORY COMMISSION**  
**JUNE 25, 2007**

**EXECUTIVE COMMITTEE MINUTES 05-29-07**

**OLTCSS UPDATE**

**REAL CHOICE SYSTEMS CHANGE GRANTS - 2007 -  
OVERVIEW**

**LONG-TERM CARE SUPPORTS AND SERVICES  
ADVISORY COMMISSION CONTACT LIST**

**PUBLIC TESTIMONY - MARIAM ABOUZAHR**

LONG-TERM CARE SUPPORTS & SERVICES  
ADVISORY COMMISSION  
EXECUTIVE COMMITTEE  
MAY 29, 2007  
MINUTES

**ATTENDEES:** Andy Farmer, RoAnne Chaney, Hollis Turnham, Chris Chesny, Jackie Tichnell, Gloria Lanum, Jane Church

There was discussion regarding the issue that Wilson introduced at the LTC Commission meeting regarding the composition of the SPE governing boards and their roles in relationship to the partners they represent. It was decided to revise the minutes from the Commission meeting to more accurately reflect this issue. In addition, the update on this SPE issue should be part of the Office Director's report for the June agenda.

The Office Director's report should also include a progress report on the possible amendment for the MIChoice waiver to include licensed specialized residential facilities as a setting for waiver services; budget cuts; and the status of the MIChoice renewal.

There was discussion regarding the workgroups. Chaney will review her historical e-mails for possible members of the original LTC Task Force workgroups as possible candidates for the Commission workgroups. It was determined the chairs of the workgroups should conduct outreach to stakeholders for their individual workgroups and provide their own e-mail addresses as contacts, not Office staff. It should be noted in any outreach campaign that teleconferencing is not available. Some possible groups to outreach include Regional Skills Alliances, Dementia Coalition.

It was noted that the charges for the workgroups presented at the last meeting were more focused on the LTC Task Force charges, not the Executive Order. Chaney/Turnham will develop a presentation at the June meeting that will provide a revised charge, focused on the prevention goal, but to be used as a template for the other workgroups. Open discussion with Commissioners on how to achieve this charge may be initiated. In addition, the workgroups need to obtain more active consumers and front-line workers involvement.

It was suggested that Farmer poll the Commission regarding the majority's desire for a summer break.

The June agenda should include the Office Director's report (previously noted above), the revised charges to the workgroups from the Chair. Chaney/Turnham will draft the charges to the workgroups.

OFFICE OF LONG-TERM CARE SUPPORTS & SERVICES  
Update for the Long-Term Care Supports and Services Advisory  
Commission

June 25, 2007

1. LTC Connections (LTCC) Projects

- a. New contracts have been initiated with the three Lower Peninsula LTCC: Detroit Wayne County; Southwest, and West. These contracts are effective June 1, with the previous contracts with the parent agencies cancelled (in the case of Detroit AAA downsized) effective July 15, allowing overlap time for transfer of activities, staff, equipment, etc. This is in accordance with the initial contracts to establish these LTCC programs, and is intended to assure movement to compliance with PA 634 of 2006.
- b. The Evaluators and the Quality Management Subcommittee developed a draft of the Information and Assistance consumer experience survey and protocol. It is being circulated for feedback, and will be pilot tested over the next 5 weeks or so.
- c. A document that identifies each of the LTC Connections governing and consumer advisory boards is being prepared. Responses are due from the LTC Connections June 20<sup>th</sup>.
- d. A contract has been signed with the Michigan Public Health Institute to provide the independent evaluation of the demonstration sites.

2. System Transformation Grant Project

- a. On June 15<sup>th</sup>, the revised strategic plan was submitted to CMS. There were not any substantive changes from our original submission.

- b. A workgroup will be assembled to refine the evaluation plan. A draft evaluation plan was submitted as part of the strategic plan. We now have until August 3<sup>rd</sup> to expand this with additional detail. The workgroup will draw members from the three workgroups that developed the strategic plan.

### 3. Office Development

- a. The Office submitted a request to fill several positions, including the Systems Transformation and Deficit Reduction/Money Follows the Person project managers, to Governor's Office.
- b. The planned move to Capitol View Building is still on hold.

### 4. Long-Term Care Insurance Partnership program

- a. As reported previously, Michigan was awarded a \$50,000 seed grant from the RWJ Center for Health Care Strategies to implement a Partnership program. The seed grant will be used primarily to support consumer and producer education.
- b. A planning committee to move toward making the LTC Partnership Insurance option a reality in Michigan has been convened. It is comprised of state stakeholders (DCH MSA Policy, OLTCSS, OSA, OFIS (Office of Financial and Insurance Services and DHS), consumers, advocates, and insurance industry representatives. First step is to make amendments in the Medicaid State Plan to allow for this option. This plan amendment is due to be submitted to CMS by October 2007, in accordance with PA 674 of 2006.
- c. The OLTCSS held a meeting to orient internal (state) stakeholders to the Partnership and identify issues that

might need to be addressed during project implementation. A meeting of the full planning committee was held on June 22. It serves as the official kick-off of activities related to development of a Partnership in Michigan.

- d. Several members of the planning committee will be attending a grant-related orientation and training -off meeting in Arlington in late July. The long-range plan is to have partnership products available for sale in Michigan markets by July 2008.

#### 5. MI Choice Waiver Renewal Stakeholder Forums

- a. The renewal waiver package is currently in the process of obtaining internal DCH approval. It should be submitted to CMS by June 30<sup>th</sup>.
- b. The stakeholder workgroup met June 15th to discuss the waiver submission plan and future amendments to the waiver.
- c. The Specialized Residential Licensed Setting subcommittee will continue to meet to examine the implications of placing into the MI Choice waiver a covered service option that will pay for special licensed residential settings (Adult Foster Care and Homes for the Aged).

#### 6. Prepaid LTC Health Plan pilot project

- a. The design of a feasibility study has been presented to the contractor, Health Management Associates.
- b. The concept paper has been finalized and submitted to CMS for comments.

#### 7. Deficit Reduction Act - Money Follows the Person grant

- a. A stakeholder group will be formed to provide input on the Operational Protocol. This document is due to CMS in August.

## 8. Self-Determination in Long-Term Care

- a. The Department co-sponsored the 10<sup>th</sup> annual Self-Determination Conference, with the Michigan Association of Community Mental Health Boards last week. There were over 400 attendees. Preliminary results of the evaluations indicate another successful year for this conference.
- b. Staff has begun training the 17 remaining MI Choice waiver agents, that were not part of the pioneer efforts under Cash and Counseling, in Person-Centered Planning in order to expand Self-Determination statewide. This is the first of three phases of training for this group.
- c. The Person-Centered Planning Practice and Guidelines draft has been shared with the Commission via a previous mailing. Comments should be sent to Gloria Lanum at [lanumg@michigan.gov](mailto:lanumg@michigan.gov). The review draft is available at the LTC website: [www.michigan.gov/ltc](http://www.michigan.gov/ltc)

## 9. Other

- b. The budget continues to be a very large part of the Office's energy. The affect on the grant projects is unknown at this time. The FY08 budget is on hold until the revenue issue is resolved.

## **Overview**

### **Centers for Medicare and Medicaid Services Real Choice Systems Change Grant Opportunities**

#### **Purpose**

The general purpose of the Real Choice grants is to advance the New Freedom Initiative priorities, which include system changes that support living in the most integrated setting, consumer choice and quality services. This solicitation includes two grant opportunities:

#### **1. State Profile Tool: Assessing a State's Long-Term Care System**

CMS is developing a tool for assessing and tracking a state's efforts to rebalance its long-term care system. These grants allow states to adapt the profile model developed with Pennsylvania. The profile is a combination of descriptive and quantitative data that can be used to:

- Provide policymakers and stakeholders with a shared high-level view of the system
- Identify opportunities for system improvements and service gaps
- Acknowledge success
- Provide a framework for comparing rebalancing efforts across states

#### **2. Person-Centered Planning Implementation Grant.**

The goal is to develop and implement a PCP model, which consists of an informal support assessment and intervention process, including a community network assessment and implementation process designed to enduring relationships and



community ties. States may also develop any of the following optional components: self-direction, web-based resource directory, risk management strategy, web-based care planning tool, evidence-based practices or planning for youth with co-occurring disorders.

### **Timeline**

- Voluntary notice of intent to apply: June 29, 2007
- Grant applications due: July 27, 2007
- Grant period: September 30, 2007-September 29, 2010

### **Funds available**

- Total available: \$13 million
- Grant awards will be for \$350,000 to \$500,000 over a 3-year period.
- Estimated number of awards: State profile tool, 10-15; Person-centered planning implementation, 8-10, states may apply for more than one grant

### **Further information**

The full solicitation can be found at the Real Choice webpage. Scroll to the first download document.

<http://www.cms.hhs.gov/RealChoice/>

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Revised 6-18-07

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Good afternoon. My name is Miriam Abouzahr, and I am an MSW intern with the Michigan Disability Rights Coalition.

During my time at MDRC, I have been doing grassroots work with the Middle Eastern community in the Dearborn and Detroit areas. While there, I met many people who were elderly or had disabilities, but who were ineligible for public benefits.

I met one mother who tearfully informed me that her 20-year-old son, who had a disability, had to be carried everywhere he went because they could not afford the assistive technology he needed to be able to move around independently.

I met an elderly woman who was in pain around the clock because she could not afford to buy even simple medications.

I met many others who lead isolated lives, frequently enduring enormous amounts of pain, both physical and emotional. What they all had in common was this: Like the ancestors of most of the people sitting in this room, they had come to this country seeking better lives, and to better the lives of their children. And although they reside legally in this country, pay taxes, and abide by the law, they are not eligible for public benefits because they are not citizens. Because of this, many immigrants with disabilities find it impossible to achieve the kind of independence and community involvement that many of us here may take for granted.

As many of you probably know, one effect of the 1996 welfare reform was that the federal government ended its services to legal non-citizens, and left it up to the states to decide whether they wished to continue those services or not.

Here in Michigan, most legal non-citizens are ineligible for public benefits until they acquire citizenship. Humanitarian immigrants are only eligible for a limited amount of time, until they, too, must acquire citizenship or be cut off of benefits. And because of the many barriers they face in gaining citizenship, this period of ineligibility is frequently extended, or, in some cases, never ends. And no population of legal non-citizens faces harsher barriers than the elderly and people with disabilities.

Among the primary barriers non-citizens who are elderly or have a disability face is the English requirement on the citizenship test. Immigrants who are elderly or have disabilities may have low education levels or health problems that may make it more difficult to learn a new language. That, combined with lack of access to assistive technology and the inaccessibility of many ESL classes, means that immigrants who are elderly or have disabilities may spend years just preparing for the citizenship test. And although it is possible to have the English requirement waived, these waivers are difficult to obtain and usually add considerably more time to the process.

Another barrier to gaining citizenship is the cost of applying. The cost to submit an application is currently \$395 and is subject to increase to \$660 within the next year. Due to the complexity of the application process, most immigrants feel the need to hire a legal



expert to assist them, which adds additional hundreds or thousands of dollars which most new immigrants can ill-afford.

These barriers, combined with application backlogs and the sheer complexity of the application process, prevent many immigrants from gaining citizenship in a timely manner. In effect, this means that many people may wait for years before they are able to access the public benefits that would improve their lives.

By requiring the elderly and people with disabilities to gain proficiency in English, even when it may be extremely difficult for them due to health- or disability-related factors, this policy effectively discriminates against the elderly and people with disabilities. Furthermore, there is no valid reason why the law should differentiate between citizens and legal non-citizens, as both populations reside legally in this country, work, pay taxes, and otherwise fulfill the duties of citizenship.

I would also like to take this time to remind the Commission that the federal law leaves *up to states* to decide whether or not to offer services to legal non-citizens. 22 states already do this. These states realize that it is a good investment --- while the percentage of the elderly and people with disabilities in the immigrant population is relatively small, this is the population that is most adversely affected by the law. By changing the law and making citizenship more accessible to this population, states can improve the living standards of the most vulnerable sector of the immigrant population with a relatively small financial investment.

For these reasons, the Commission should write letters to the governor and the legislature, recommending that:

- Our state be more lenient on the citizenship requirements for the elderly and people with disabilities. This includes making it easier for this population to get waivers for the English requirement on the citizenship test.
- Our state make language and citizenship training more accessible and inclusive for people with disabilities.
- Our state extend the 7-year limit on benefits for those humanitarian immigrants who are elderly or have disabilities.

As the number of immigrants increases in Michigan and nationwide, it is time that Michigan reform its welfare and immigration laws. Michigan must end discrimination against immigrants, end discrimination against the elderly and people with disabilities, and make the plight of immigrants a priority in this state.